RECORD

PERMANENT

DEATH

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### Very SICIANS should See Instructions

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilt death occurred is ......Ward) a hospital or institution. give its NAME testead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. (Month) (Year) ORDIVORCED (Write the word) (Day (Month) (Day (Year) TAGE If LESS than and that death occurred on the dete stated above, et 1 day, hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which ampleyed (or ampleyer) State or country) Contributor Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At place In the of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. Stale \_\_\_\_\_ yrs \_\_\_\_ mos. Where was disease contracted. 14 THE ABOVE IS If not at placa ot death?. usual residence OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

REGISTRAR pore Blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the nisease should be taken to report specifically the occupations gainfully employed, as At school or At home. Care "Manager," "Dealcr," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (6)

Statement of cause of death—Name, first, the Insease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Meastes (disease causing death), 29 ds.; nant neoplasms); Mcastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmia," "Puerperal peritonitis," etc. mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), thenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken., For vioetc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Coilapse," "Coma," "Convulsions," "Debility" ("Consepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accichildbirth or miscarriage as "Puerperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory Aiways qualify all diseases resulting from (Recommendations on statement of may be stated under the head of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for



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N. B.

### Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS A

STATE OF MARYLAND 1 PLACE OF DEATH 3114 CERTIFICATE OF DEATH 98

		(		Registration Dist,	No Cal
Village or City	brecha	13 (No.C.)	ville.	St.;Ward)	[if death or

courred to a hospital or institution give its NAME instead of sfreet and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI	ace white Single, who will accomply the word)  ATE OF BIRTH A	16 DATE OF DEATH have 1914  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
	Don't know	, 191, to, 191,
-	(Month) (Day (Year)	that I last saw h, alive on, 191
TAG	Atouts 4 & year 1 day,hrs.	and that death occurred on the date stated above, at
(a)	CCUPATION ) Trade, profession, or ricular kind of work	after sheath
bus	General nature of industry, iness, or establishment in ch employed (or employer)	(Duration) yrs mos. ds.
	RTHPLACE (State or country) St. Index 1 80	Secondary (Ouration) yrs mos ds.
	10 NAME OF FATHER Charles Buckles	(Signed) Yach R Yangan, M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) & Marry 66	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
PAR	12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
	13 BIRTHPLACE OF MOTHER (State or country) 5 + 9 6 7	At place in the ot death yrs, mos ds.
14 T	(Informant) Daniel Best of MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or usual residence
	(Address) 76 unters ville	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Fil	er branch + 1914 & R. Inanger	20 UNDERTAKER ADDRESS
	REGISTRAR	1/1

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Manager," "Deaier," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuieated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal essary to know (a) the kind of work and also (b) For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is iess definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., scpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichaecause. Aiways qualify ail diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) eause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT 4 UNFADING INK-THIS IS carefully supplied. DEATH in plain terms, so that it m See instructions on back of certificate. WRITE PLAINLY, WITH Every Item of information should be CAUSE OF DEATH in plain terms, a Important. N.B.

Village or City SX. Ingos (No, 2FULL NAME Hermix Came	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 260  St.; Ward)  St.; Ward)  [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX MALE  A COLOR OR RACE  MARRIED, WIDOWED, ORDINORCED (Write, the word)  6 DATE OF BIRTH  (Month)  (Day (Year)	16 DATE OF DEATH  March  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from  March 2, 191 4, to March 10, 191 4, to that I last saw him alive on March 10, 191 4
**Soccupation** (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	and that death occurred on the date stated above, at Am. The CAUSE OF DEATH* was as follows:  Outhar Rular  (Duration) yrs. mos. 3 ds.
*BIRTHPLACE (State or country) Mary Cam.	Secondary  (Duration)  Out Mean of Mea
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (No. 1) (Address) (Signed) (Signed) (No. 1) (Address) (Signed) (Signed) (No. 1) (Address) (Signed) (No. 1) (Address) (No. 1) (No
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE & TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death / yrs. mos. ds. State / yrs. mos. ds  Where was disease contracted, If not at place of death?  Former or usual residence.
(Address) My me  16 File Mal / 191 Molecy of	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Meh 12, 191 A  20 ON DERTAKEN  ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulduties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question should be taken to report specifically the occupations gainfully employed, as At school or At home. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons Salesman, The

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affectiou need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichueetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As Brouchopucumonia (secondary), 10 ds. "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. by carbolic acid-probably snicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabby ture of the American Medical Association.) cause of death approved by Committee on Nomenciais less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; Always qualify all diseases resulting from "Senile," etc.), "Dropsy," may be stated under the head of (Recommendations on statement of "Exhaustion," Never report



WRITE PLAINLY, WITH V. S. No. 1.

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Village or City Ledge (No.	St.; Ward)  State of Maryland CERTIFICATE of DEATH  Registration Dist. No. 280  [It death occurred to a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)  6 DATE OF BIRTH A TOWN OR DIVIDENCE OF BIRTH A TOWN ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17 I HEREBY CERTIFY. That I attended deceased from
(Month) (Day (Year)  7 AGE  Wyrs mos ds OR min.?  8 OCCUPATION (a) Trade, profession, or particular kind of work	that I last saw h
(b) General nature of Industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER LEWES Corroll	Contributory Secondary  (Duration) yrs mos ds.  (Signed) , M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  10 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds.
(Intermant)  (Address)  (Address)	Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  MCL 3 / ,1914  29 UN DERTAKED  ADDRESS  LUM Valey

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquailfied, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septiehacaffection need not be stated unless important. Exvalvular heart discase; Chronic interstitial nephritis, nant neopiasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Cotlapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (discase causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skuil, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senlle," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," State cause for



N. B.-

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1	1 PLACE OF DEATH	STATE OF MA	
C	ounty St. Ways 3117	CERTIFICATE C	F DEATH
	<i>A</i> .	Registration Di	st. No. 286
٧	illage or City Mus Jungs (No.	ud St.; Ward	[If death occurred in a hospital or institution, give its NAME instead of street and numbor.]
	FULL NAME	aska:	•••
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3 51	4 COLOR OR RACE  Single, MARRIED, WIDOWED, ORDIVORCE (Write the word)	16 DATE OF DEATH  (Month)	26,1914 (Day) (Year)
80	ATE OF BIRTH	17 I HEREBY CERTIFY, That I	
	luknour 1834	101(., 10	
	(Month) (Day) (Year)	that I last saw h alive on	, 191_5
7 A	GE If LESS than 1 dayhrs.	and that death occurred on the date stated	above, atm,
-	SD yrs. mos. ds. or min.?	The CAUSE OF DEATH* was as follows:	
(a	CCUPATION ) Trade, profession, or ricular kind of work  Journal	Cuelial I Laure	munge
(b) bus	General nature of industry, iness, or establishment in ch employed (or employer)	(Duration)	yrsds.
	RTHPLACE tate or country)	Contributory (Secondary)	***************************************
	10 NAME OF Juleur	(Signed) 1911 Value	
ENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or,	n deaths from VIOLENT
PARI	of Mother Mulenna	CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS.	
	13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State	yrs, mos ds.
147	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?	
	(Informant) Thurway Carlo	Former or usual residence	
	(Address) / mu Jump land	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15	0 11-1-0	Sacred/fearl -	3 - 28 -, 191 3
E11	11-1 miskel Value	20 UNDERTAKER	ADDRESS

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head such, if impossible to determine definitely. Examples: childbirth or miscarriage, as "PURRPERAL scpticharcause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, "Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion, injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. ver" is icss definite; avoid use of "Tumor" for mally ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ... The contributory (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report



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PHYSICIANS should of OCCUPATION is RECORD statement PERMANENT classified. properi ш AG pe supplie may certificate. 0 terms, on back should 00 plain See Instructions Information 5 Id DEATH of Item 10 Important. Every Ite

3 SEX

7 AGE

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ARENT

15

8 OCCUPATION

(a) Trade, profession, or

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER

12 MAIDEN NAME

13 BIRTHPLACE

OF MOTHER

(State or country)

OF MOTHER (State or country)

(b) General nature of industry,

business, or establishment in

which employed (or employer) -

OF BIRTH

Village or City

4 COLOR OR RACE

(Month)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St .: .....Ward)

[If death occurred le a hospital or institution. give Its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 6 SINGLE. MARRIED. WIDOWED (Month) (Dav ORDIVORCED (Write the word) (Dav (Year) If LESS than and that death occurred on the date stated above, at 1 day, .....hrs. OR ..... 7 \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death ..... yrs. ..... mos. ..... ds. State \_\_\_\_\_ yrs, \_\_\_ Where was disease contracted. if not at place of death? usual residence 20 UNDERTAKER ADDRESS more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner; (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, mia," "Puerieral peritonitis," etc. State cause for cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Juanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsious," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Mcaslcs "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion,"



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN 7. S. No. 1.

PLACE OF DEATH 3119	STATE OF MARYLAND
County St. Marys	CERTIFICATE OF DEATH
	Registration Dist. No. 1286
Village or City Wells (No.	St.; Ward) [If death occurred la a hospital or institution,
8 1 1 80	give its NAME instead of street and number.]
2 FULL NAME Civelya Colle	et stiest and nominal.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED,	18 DATE OF DEATH March 4, 1914 (Month) (Day) (Years)
Hemale (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
S DATE OF BIRTH June 1900	191 to 1917,
(Month) (Day) (Year)	that I last saw h alive on Till 28th 1915
7 AGE If LESS than 1 dayhrs.	and that death occurred on the date stated above, at
/3 yrs. 2 mos. ds. ORmln.?	The CAUSE OF DEATH* was as follows:
6 OCCUPATION (a) Trade, profession, or	
particular kind of work	
business, or establishment in which employed (or employer)	(Duration) / yrs. mos. ds.
BERTHPLACE (State or country) Mary land	Contributory (Secondary)
10 NAME OF Port. Henry Collins	(Signed) Talle 10 Dent M. D.
State or country)  11 BIRTHPLACE OF FATHER (State or country)  Mary land.	State the Disease Causing Drath, or Indutes from Violent
(State or country)  12 MAIDEN NAME Jane Grances Diekers  OF MOTHER	State the Disease Cau ing Death, or, industris from Violent Calabs, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)  Mary Canel	of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF ME KNOWCEDGE	Where was disease contracted, If not at place of death?
(Intermant) West Dr. Collins	Former orsual residence
(Address) Whell's Incl.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed masch 4, 1914 John H Long	20 UNDERTAKER ADDRESS
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Censns and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Housewife, Housework, or At Home, and children, not cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc., Carcinosis of lungs, meninges, peritonacum,

injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned sucb, if impossible to determine definitely. mia," "PUEBPEBAL peritonitie," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "Purperal septichaegenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritie. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of \_ mere symptoms or terminal conditions, such as "Aster" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for Never report Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 6 1914
BUREAU, V.S.

Sp6<sup>b</sup>

S. No. 1.

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RECORD PERMANENT stated EXACTLY. e carefully supplied. AGE should be si so that it may be properly classified. 4 2 UNFADING INK-THIS WITH Every item of information should be CAUSE OF DEATH in plain terms, so PLAINLY, WRITE importsnt. B

13 BIRTHPLACE OF MOTHER (State or country)

(Address)

15

PHYSICIANS should state Exact statement of OCCUPATION is very See instructions on back of certificate. 1 PLACE OF DEATH

3120



### STATE OF MARYLAND CERTIFICATE OF DEATH

Village or City Calum (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 6 SINGLE, MARRIED, WIODWEO, WIODWEO, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH Wakeroun, 1856 (Month) (Day) (Year)	2 - 10 - 191 4, to 191  that I last sew h 2 alive on 2 - 10 - 191 4
7 AGE  1 1 LESS than 1 day,hrs. 0 Rmin.?	and that death occurred on the date stated above, st
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) 3 yrs. mos. ds.
<sup>9</sup> BIRTHPLACE (State or country)	Contributory (Secondary) (Deratton) yrs mos ds
10 NAME OF FATHER MILEN	(Signed) RM - Couleum, M. D. 3-2-(-191-((Address) Paleum Lug
Z (State or country)  Z MAIDEN NAME  12 MAIDEN NAME	*State the DISMASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
of MOTHER May Mich	BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS

TAL, SUICIDAL, OF HOMICIDAL.	мпетпег	ACCIDEN
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITU	TIONS,	TRANSIENT

At place	In the	
of death yrs mos ds.	State yrs mcs d	3.
Where was disease contracted,		

If not at place of death? Former or

usual residence

9 F	LACE	OF	BURIAL	OR	REMO	VAL
			-	11	/	

DATE OF BURIAL

20 UNDERTAKER

APDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S.

REGISTRAR

KNOWLEDGE

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers material worked on may form part of the second the nature of the business or industry; and therefore an ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," If the occupation has "Foreman," -Coal (%)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

childbirth or miscarriage, as "PULEPERAL septiehacinus," "Old Age," "Shock," "Uraemla," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Consepsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asample: Measics (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mailg ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Bronchopncumonia (secondary), 10 ds. oma. Surcoma. etc., of The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or Intercurrent) (name origin; "Can State cause for Never report Examples: For vio-

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RECEIVED
APR 6 1914
BUREAU, V.S.

S. No. 1.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT K UNFADING INK-THIS IS WITH PLAINLY, WRITE N. B.-

PLACE OF DEATH 3121  County St. Way's  Village or City Palmus (No. 1)  PULL NAME Role Edward	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 286  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  MARRIED, WIDDWED,	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from July 27, 191, 191, 191
(Month) (Day) (Year)	that I last saw h
7 AGE   If LESS than   f day,hrs.   ORmln. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	no futher impormation of laurable  (Duration) yrs. mos. ds.  Contributory June & C.
9 BIRTHPLACE (State or country)	(Secondary) (Deration) yrs 5 mos ds.
of FATHER Solvand Dungs  11 BIRTHPLACE OF FATHER (State or country)	(Signed) Party Pales, M. D. 3-8-, 1914 (Address) Pales on Land
12 MAIDEN NAME	CAUSES, STATE (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds.
(Informant) I show the Best of My Knowledge	Where was disease contracted, If not at place of death?  Former or usual residence.
(Address) lalum L	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed J. 1914 Por Claux	20 UNDERTAKER ADDRESS

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry; and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative lealthfui-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease cause and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purspenal septicharinus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Meastes (disease causing death), 29 affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUST and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As valvular heart disease; Chronic interstitial nephritin nant neopiasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of \_ Bronchopncumonia (secondary), 10 ds. The contributory tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can Never repor Examples: ds.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 6 1914
BUREAU, V.S.

W. B. No.

× S WRITE PLAINLY, WITH UNFADING INK-THIS

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD

County Sh. Mary 3122	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 25
Village or City Couar alonno.  2 FULL NAME Sale Dy	St.; Ward)  [If death occurred in a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OF RACE SINGLE, MARRIED, MIGGLE WIDOWED, OR DIVERCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw h allve on Mar. 31 1914
TAGE Clout 80 yrs. mos. ds. ORmin.?	and that death occurred on the date stated shove, at Spart m, The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Frade, protession, or Forsekeefer particular kind of work	Cerebral Houmliege
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Oliverice Heffurth
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	(Signed) Trace (M. D. )  (Signed) Trace (M. D.
13 BIRTHPLACE OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds. State yrs mos ds.
(Interment) Leo Mattingly  (Address) Lonard Town Na	Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURHAL OR REMOVAL DATE OF BURHAL
Filed	20 UNDEBTAKER COBRESS COURSELLING CORESS
if more blanks are needed, address State Begistra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1:

[Approved by U. 8. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal For many occupations a single word or term on the been changed or given up on account of the disease (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, For persons "Foreman,"

Statement of cause of death—Name, first, the dibease caubing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJUSY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of \_ ture of the American Medical Association.) sepsis, tetanus) dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-The nature of the



V. S. No. 1.

. AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT 4 UNFADING INK-THIS IS of information should be carefully supplied.

DEATH in plain terms, so that it may be see instructions on back of certificate. WRITE PLAINLY, WITH N. B.—Every Item CAUSE OF Important,

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County Many	CERTIFICATE OF DEATH
/illage or City Leoner Ston (No	Registration Dist. No.  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Junel 4 GOLOR OR RACE 5 SINGLE, MARRIED, Single WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17  1 HEREBY CERTIFY, That I attended deceased from
Month (Day (Year)	9 Mule 13 , 1914, to Mule 13 , 1914, that I last ssw have allve on Mule 13 , 1914.
AGE  If LESS than 1 day,hrs.  ORmin.?	and that death occurred on the date stated shove, at
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  **BIRTHPLACE** (State or country)	24 hours (Ouration) yrs. mos. ds.  Contributory Secondary
10 NAME OF FATHER, R. Columbo  11 BIRTHPLACE OF FATHER (State or country) & Mayo Co.	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) & Mays loo	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds  Where was disease contracted,
(Informant) Le Educido (Address) Leonador O244	if not at place of death?  Former or  usual residence.  19 PLACE OF BURIAL OR REMOVAL  AUCUMENTAL Constant Jevet 1814.  20 UNDERTAKER  AGDRESS
Filed Man 14, 1914	m=1 h 71:

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. additional line is provided for the latter statement; applies to each and every person, irrespective of age. CAUSING NEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dnties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Spinner, thus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopmenmonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonacum, etc., Carcintesis of lungs, peri

"Contributory." LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "hauition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy." merc symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic ccr" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (uame origin; "Canthre of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) injnry, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver around of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Measles (disease cansing death), 29 ds.; may be stated under the head (Recommendations on statement of "Dropsy," State cause for "Exhaustion," Never report For vio



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  om of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN  OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPANT. See instructions on back of certificate.		CORD	YSICIAL
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT m of information should be carefully supplied. AGE should be stated EXACTLY.  F DEATH in plain terms, so that it may be properly classified. Exact statement See instructions on back of certificate.		2	PH 0
WRITE PLAINLY, WITH UNFADING INK—T m of information should be carefully supplied. AGE  P DEATH in plain terms, so that it may be proper. See instructions on back of certificate.	PON BINDING	HIS IS A PERMANENT	should be stated EXACTLY.
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	ZONAM	WRITE PLAINLY, WITH	m of information should be of DEATH in plain terms, so See instructions on back of

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registered No Ilf death occurred in Village or City St: .....Ward) a hospifal or institution, give its NAME instead of sfreef and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 3 SEX MARRIED, WIDOWED. (Month) (Day) ORDIVORCED (Write the word) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH that I last saw h AM alive on (Day) (Year) (Month) If LESS than 7 AGE and that death occurred on the date stated above, at t day, .... hrs. OR ... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duraflon) which employed (or employer) ..... (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE (Addrass) ENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ...... yrs. ..... mos. ..... Where was disease confracfed. OF MY KNOWLEDGE If not at place of death? Former or usual residenca Every Item CAUSE OF Important. OF BURIAL 15 ADDRESS REGISTRAR If more highks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illness. If retired from the mess, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Ptanter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmine, etc. material worked on may form part of the second Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Poisoned such, if impossible to deterrulne definitely. which surgical operation was undertaken. childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertalued as the "Heart failure," "Haemorrhage," "Inanition," "Marasaffection need not be stated unless important. "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death). 29 ds.; mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. The contributory (secondary or Intercurrent) is iess definite; avoid use of "Tumor" for malig (Recommendations on statement of (name orlgin; "Can-State cause for Never report Examples:



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7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	UNFADING IN	carefully supplied. that it may be p
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMA	N. B.—Every item of information should be carefully supplied. AGE should be stated EX CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact s important. See instructions on back of certificate.
V. S. No. 1.		N. B.—Every Ite CAUSE ( Important

PLACE OF DEATH 3/25	STATE OF MARYLAND
AT Marin	CERTIFICATE OF DEATH
County	Registered No. 282
Village or City Hollyword (No.	St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of streef and number.]
FULL NAME SEO W.	1000
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
marrieb, wildowed, without of write the word)	18 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That J attended deceased from
8 DATE OF BIRTH  (Month) (Day) (Year)	Man 7, 1914, to Man 13 - 1914, that I last saw h Man alive on Man 12, 1914
7 AGE   If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
BOCCUPATION  (a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)	(Ourafion) yrs. mos. 10 ds.
State or country) of many low	Contributory (Secondary)  (Duration) yrs. mos. ds.
10 NAME OF FATHER William Graver	(Signed) If Freenwelf, M. D.
11 BIRTHPLACE OFFATHER (State or country)  12 MAIDEN NAME OF MOTHER  14 MOTHER  15 MOTHER  16 MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  THE STREET CO	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant)	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Hellywood  Filed MCZ/4, 1914 J.J.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  How Cometany Mar 15, 1914  20 UNDERTAKER ADDRESS  ADDRESS
If more blanks are needed, address State Registrar, 6 E	2. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Deaier," etc., without more precise specistatement. additional line is provided for the latter statement; cases, especially in industrial employments, it is necmaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. "Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," chiidbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (mereiy symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 da.; affection need not be stated unless important. "Cottapse." "Coma," "Convuisions," "Debitity" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis. nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of \_\_ The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for (name origin; "Can-Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 6 1914

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4 WRITE PLAINLY, WITH UNFADING INK -- THIS IS

should state of OCCUPATION is very PHYSICIANS RECORD Exact statement PERMANENT stated EXACTLY. properly classified. AGE may be certificate. See instructions on back of CAUSE OF Important.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 480

St.;	-Ward)	[it death occurred a hospital or instituti give its NAME inste of street and number
		of street and number

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Regra (Write the word)	16 DATE OF DEATH March 13 (Month) (Day (Year)
DATE OF BIRTH SLEPX 12 1859	that I last saw here alive on March 12 1914
7 AGE (Month) (Day (Year)	
53 yrs 6 mos ds OR min.?	and that down occurred on the date stated above, at
© OCCUPATION (a) Trade, profession, or particular kind of work.  Available Wife	Expansion & Joxaemia
(b) General nature of industry, business, or establishment in which employed (or employer)  PRITHPLACE (State or country)  NAME OF FATHER  OF FATHER  (State or country)  Manyland  11 BIRTHPLACE OF FATHER (State or country)  Manyland  12 MAIDEN NAME OF MOTHER	Contributory Tlensteal Puplication Secondary  (Duration) yrs mos. ds  (Signed) / / / / / / / / / / / / / / / / / / /
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE OF TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  Carl Hall	At place of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, if not at place of death?  Former or usual residence
(Address)  16 FHOMEL 15 1914 PRESISTRAR	19 PLACE OF BURIAL OR REMOVAL  Meh / 5 , 191 / 4  20 07 DERTAKER  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Honsewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Deuler," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Womeu at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

pneumonia"); Lobar pneumonia; Bronchopneumonia CAUSING DEATH (the primary affection with respect to ("Pneumonla," "(Croup";) term for the same disease. time and causation), using always the same accepted fever (the only definite synonym is Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonaeum, etc., meningitis"): Typhoid fever (never report "Typhoid unqualified, is indefinite): Tubercu-Diphtheria Examples: Cerebrospinal (avoid "Epidemic cere-

> nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canchildbirth or miscarriage as "Puerperal soptichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras thenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ample: ture of the American Medical Association.) dent; Revolver around of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Seuile," may be stated under the head of (Recommendations on statement of (disease causing death), 29 ds.; etc.), "Dropsy," "Exhaustion," Never report



PERMANENT ssified cla INK supplied. UNFADING may certificate. that 0 back pino 00 Instructions plai c I DEAT T See of OF CAUSE OF Every m

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PHYSICIANS

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH ano County. Registration Dist. No If death occurred in St.:...Ward) a hospital or lostitution, give its NAME instead of street and number. 1 \* FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, Mashea WIDOWED, (Month) (Day) ORDIVORCED I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Year) (Month) If LESS than 7 AGE and that death occurred on the date stated above, a 1 day .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... ? BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory. BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) S 11 BIRTHPLACE K OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. П 04 12 MAIDEN NAME 4 OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State ...... yrs, \_\_\_\_ mos. ..... ds. Where was disease contracted. If oot at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS REGISTRAR Ulle

If more blanks are needed, address State Registrar, 6 E. Franklin St./ Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers additional line is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first ilne will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonacum, etc.. Carcin-

childbirth or miscarriage, as "Purrerran septichaemere symptoms or terminal conditions, such as "As injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," -fi art fallure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis er" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of \_ ture of the American Medicai Association.) cause of death approved by Committee on Nomencia-"Contributory." nant neoplasms); Measles; Whooping cough; Chronic The contributory tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 6 1914
BUREAU, V.S.

A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK-THIS IS

County St. VIC are	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No. 286
Village or City (No	St.; Ward)  [If death occurred in a hospital or institution give its NAME instead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE MARRIEO, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17   HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  (Month)  (Day)  (Year)	that I last saw h alive on, 191
7 AGE   if LESS than 1 day,hrs. ormin.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trads, profession, or particular kind of work	Feldy
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory (Secondary) (Buration) yrs. mos. ds.
10 NAME OF FATHER MILE SHEET	(Signed) (Si
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs, mos ds. State yrs, mos ds. Where was disease contracted,
(Informant)	If not at place of death?————————————————————————————————————
(Address) ll uc	Dacked Jews Date of Burial  20 UNDERTAKER  ADDRESS
Filed 191. REGISTRAR	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations Physician, Compositor, Architect, Locomotive engineer, CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers it should be used only when needed. additional line is provided for the latter statement; applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc,, without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salcsman, If the occupation has As examples: For persons (d)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tubercutorists of lungs, meninges, peritonaeum, etc... Carcin-

sepsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpresal scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 ds.: affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mailg ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. -Heart failure," "Haemorrhage," "Inanition," "Maras. mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis oma. Surcoma. etc., of ... The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 6 1914
BUREAU, V.S.

BINDI	
FOR	
RESERVED	
MARGIN	

state CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION 13 Registration Dist. No. RECORD statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 3 SEX 5 SINGLE. 4 COLOR OR RACE DATE OF DEATH MARRIED. WIDOWED. (Write the word) DATE OF BIRTH classified. (Month) (Day (Year) 7 AGE If LESS than pinous 1 day .....hrs. OR ..... min. ? BOCCUPATION (a) Trade, protession, or UNFADING INK particular kind of work supplied. pe (b) General nature of Industry, business, or establishment in may te. which employed (or employer) 9 BIRTHPLACE (State or country) Contributory certifical Secondary 10 NAME OF FATHER (Signed) 50 WITH terms, n back 11 BIRTHPLACE .... 191 4 pinous ARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country 00 PLAINLY. 12 MAIDEN NAME ATH in plain OF MOTHER OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ot death DEATH \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. WRITE Where was disease contracted. See It not at place of death? o Former or Item PO Every Item CAUSE OF Important. usual residence 19 PLACE OF BURIAL OR REMOVAL 15 20 UNDERTAKER 8 REGISTRAR ż

1 PLACE OF DEATH

ρĝ

Ilt death occurred la a hospital or institution. give its NAME instead

of street and number. I

STATE OF MARYLAND

(Month) (Day (Year) I HEREBY CERTIFY. That I attended deceased from and that death occurred on the date stated above. The CAUSE OF DEATH\* was as follows: (Duration)

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the

State \_\_\_\_\_ yrs, \_\_\_\_ mos. \_\_

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations dutics of the household only (not paid Housekeepers Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Groeery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

cer" is less definite; avoid use of "Tumor" for maligmia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septiehaethenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 4 1914
BURBAU, V. S.

S. No. 1.

N. B.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

RECORD

### 1 PLACE OF DEATH Stynung



### STATE OF MARYLAND CERTIFICATE OF DEATH

901

11 00	Registration Dist. No. 283
Village or City And Grandon, Parker Brandon,	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Mute Single, Married, Wildowed (Write the word)	16 DATE OF DEATH  Month (Day (Year)  17 I HEREBY CERTIFY. That I attended deceased from
Month) (Day Crear)	Mar 2 ld 1916, to Man 3 ed 1916, that I last naw hay alive on March 3ed 1914.
TAGE    If LESS than 1 day,hrs.   OR	and that death occurred on the date stated above, at Am, The CAUSE OF DEATH* was as follows:  Infurmatice of age with Diving the organization of a general section of a general s
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country.)	Contributory (Buration) yrs mos ds.
11 BIRTHPLATE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER	(Signed) ORANG , M. D.  MAN HE 1914 (Address) Ouksail and M. D.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos. ds. State yrs, mos. ds
(Informant) The BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or usual residence
(Address) #10 / AMAGO MAGA MAGA MAGA MAGA MAGA MAGA MAG	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Mar 6
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used all when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None, cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehacmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-deciwhich surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Always qualify all discases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for



MARGIN RESERVED FOR BINDING

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

	PLACE OF DEATH 3131	STATE OF MARYLAND
Cot	unty Dr. Mary	CERTIFICATE OF DEATH
Vil	lage or City Palues (No,	Registration Dist. No. 266  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DA	TE OF BIRTH  3 3 , 1.9.4  (Month) (Day) (Year)	that I last saw h alive on
7 AGE	it LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date atated above, st
(a) T	CUPATION Frade, protession, or cular kind of work.  General nature of industry.	rista wert at deling
busine which	ess, or establishment in a management in a man	Contributory (Secondary) (Duration) yrs. mos. ds. (Secondary) (Duration) yrs. mos. ds.
ENTS	11 BIRTHPLACE (State or country)  12 MAIDEN NAME	(Signed) , M. D.  3 —, 191 % (Address) A C C C C C C C C C C C C C C C C C C
Δ.	OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  IE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds, State yrs, mos, ds. Where was disease contracted, it not at place of death?
(lr	ntormant) Rell VI alecce	Former or usual residence
15 Filed	(Address)  4 - ( -, 191 4 Pale Registran  If more blanks are needed, address State Registran	Collins Part 3-3-, 181 4 20 UNDERTAKER ADDRESS The as Keeley! Palros 49
	as more bearing are necessary address Office Registration	r, o m. srankin st., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers it should be used only when needed. additional line is provided for the latter statement; ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-If retired from business, that fact may be indi-Never return "Laborer," -Precise statement of occupa-If the occupation has As examples: For persons "Foreman," -Coal 6

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Concause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUREPERAL septicharetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," ample: Meastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As ver" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples:



MARGIN RESERVED FOR BINDING

S. No. 1.

N.B.

tated EXACTLY. PHYSICIANS abould atate Exact atstement of OCCUPATION is very RECORD A PERMANENT stated EXACTLY. AGE should be WRITE PLAINLY, WITH UNFADING INK-THIS IS Every Item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. CAUSE OF

1 PLAGE OF DEATH

Unity Mary 5 3132 69

Warns



## STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. 280
Village or City UYNNE (No, -	St.; Ward)  [It death occurred is a hospital or institution, give its NAME isstead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Male Megn Stringer, William (Witte the word)	10 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)  7 AGE If LESS than 1 day,hrs.	that I last saw h alive on
a) Trada, profession, er Systei Shere Kei particular kind et work.  (b) Beneral natura et ludustry, business, or establishmeat in which employed (or employer)  BIRTHPLACE (State or country), Ca	Contributory Buraf Denorthag &
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether Accident
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mus ds
(Interment) From Paper Stund  (Address) on him.  (Address) All Holoy A  Fliet Mch & 3,1914 Moloy A  BEGISTRAR	Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  ADDRESS  ADDRESS  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a defiulte discase can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (mercly symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (Recommendations on statement of (secondary or intercurrent) State cause for



AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS IS AGE of information should be carefully supplied.

DEATH in plain terms, so that it may be see instructions on back of certificate. PLAINLY, WITH WRITE CAUSE OF Important. S PLACE OF DEATH

(91)

## STATE OF MARYLAND ERTIFICATE OF DEATH

BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employer)  BIRTHPLACE (State or country)  ONAME OF FATHER (State or country)  12 MAIDEN NAME OF OF MOTHER D. C. Intelligible of Mother D. C. Intel	5 Mars	CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3 SEX  4 CQLOR OR RACE  SUNGLE,  WASHING  DATE OF BIRTH  TAGE  10 If LESS than  1 day,	County	Registration Dist. No. 282
Final Philipson of the dest stated above, at 10 most of work o	Village or City Leonathorn (No	St.; Ward) a hospital or institution, give its NAME instead
Tarel White Working (Write the word)  Date of Birth  (Month) (Day (Year)  I HEREBY CERTIFY, That I attended deceased from Much 1914, 1914, to Much 1914, 1914, 1914, 1914, to Much 1914, 1914, 1914, 1914, 1914, to Much 1914, 191	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TAGE    If LESS than if day, hrs.   mos.   ds.   OR.   min. ?	MARRIER.	(Month) (Day (Year)
If LESS than   day, hrs.   d	9/ley 5 1911	) Acc / Oct
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER Sould State or country)  11 BIRTHPLACE (State or country)  12 MAIDEN NAME (Kitate or country)  13 BIRTHPLACE (State or country)  13 BIRTHPLACE (OF MOTHER OF MOTHER (State or country))  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  15 Filled May 1914  15 Filled May 1914  16 CONTRIBUTORY (Duration)  (Contributory (Duration) (Duration) (Signed)  (Signe	7 AGE If LESS than 1 day,hrs.	
Dustless, or establishmed in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER Sould Intelligate (State or country)  11 BIRTHPLACE OF FATHER OF MANUAL OF State or country)  12 MAIDEN NAME OF OF MOTHER OF M	(a) Trade, profession, or particular kind of work	Conflicting Portrafin
Signed)  (Signed)  (Address)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Address)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Address)  (Address)  (Signed)  (Address)  (Address)  (Signed)  (Sig	business, or establishmeet in which employed (or employer)	Contributory Level hortration
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, or Mother of Mother of Mother (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  (State or country)  (Informant)  (Address).  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address).  (Address).  15 Filed May 25, 1914  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, and the control of Recent Residence.  16 In the control of death contr	of 11 piptual of	(Signed) The Lquile, M. D.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address).  (Address	Z OF FATHER (State or country) May Co	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
(Informant)  (Informant)  (Address)  (Addres	13 BIRTHPLACE OF MOTHER (State or country) & Maysle	At place In the of death yrs mos ds. State yrs mos ds
Filed May 25, 1914 THE 20 UNDERTAKER Front ADDRESS	oly A The	It not at place of death?  Former or  usual residence.
REGISTRAR Hills Hulling len Konerellown	16 Filed 9114 1745	Haboging lametay Mas 24, 1914.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

. S. No. 1.

N.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are eugaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the pisease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who have no occupation whatever, write None. Statement of occupation-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons -Precise statement of occupa-As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite symonym is "Epidemic cerebrospinal meuligitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tubereu-lesis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (uame origiu; "Canmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puenperal septichae cause. Always qualify all diseases resulting from etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debllity" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchophcumonia (secondary), 10 ds. affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably IENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras ture of the American Medical Association.) sepsis, tetanus) injury, as fracture of skull, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for mally The contributory Measles (disease causing death), 29 ds.; "Senile," ctc.), may be stated under the head (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report



. AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD A PERMANENT UNFADING INK-THIS IS carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. WRITE PLAINLY, WITH Every item of information should be CAUSE OF DEATH in plain terms, s

3134

## STATE OF MARYLAND

County // // Z	CERTIFICATE OF DEATH Registration Dist, No.
Village or City Sello.	St.; Ward)  [If deeth occurred le a hospifel er Institution, give its NAME lasteed of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX  4 COLOR OR RACE  MARRIED, WIOWED, ORDIVORCED (Write the word)  8 DATE OF BIRTH	(Month) (Day (Year)  Which Gertify, That I ettended deceased from
(Month) (Day (Year)	that I last naw h allve on Met 10, 1914
16 LESS then 1 dey,hrs. 9 OCCUPATION 1 OR	and that death occurred on the dete stated above, et 7 2 m. The CAUSE OF DEATH* was as follows:
(e) Trade, profession, or particular kind of work.  (b) Seneral neture of industry, business, or establishment in which employed (or employer)  PERTHPLACE (State or country)	Contributory Juliusnary Jecter Culosis Secondary  (Departed) 2/2, yrs. 208. 45.
10 NAME OF BASS Seigal  11 BIRTHPLACE OF FATHER (State or country) lerginia  12 MAIDEN NAME OF MOTHER Jarah Whalen	(Signes) Cocy, N. B.  McL. 151, 191 (Address) Puges  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of deathyrsmosds  Where was disease contracted, if not at place of death? Former or
(Address) Anges  16  Filed Ch 15, 191 4 Al Sloyd  REGISTRAN	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER  OSTREET, Cobrus on Carl Hall

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V. S. No. 1.

N. B.

CHARLES CO.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care (a) Spinner, Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

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Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; nant neoplasms); Mcasles; Whooping cough; Chronic thenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canscpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g. Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septimac ctc., when a definite disease can be ascertained as the "Contributory." The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary of intercurrent) State caus



Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT BINDING 4 UNFADING INK-THIS IS FOR RESERVED MARGIN WRITE PLAINLY, WITH

V. S. No.

N. B.

Ounty J. Maryo.  Village or City Jarrfield (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 280  St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Megra Single, Married, Widower, Windower, Orbivorces (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended descased from
* DATE OF BIRTH May 25 .1897	July 9 1914 to March 6, 1914,
(Moirth) (Day (Year)  7 AGE    If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 6 a.m.  The CAUSE OF DEATH* was as follows:
(b) General nature of Industry, business, or establishment in which employed (or employer)  **BIRTHPLACE** (State or country)  **Marg Can  **The Country of the Country of	Contributory Endoematto Secondary  (Duration) yrs. mos. ds.
10 NAME OF FATHER Bos Liegal  11 BIRTHPLACE OF FATHER (State or country) Diagracia  12 MAIDEN NAME OF MOTHER Larah Whalen	(Signed) Signed, M. D. March, 191 & (Address) A Angoro  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death / Gyrs. / G mos. / 3 ds. State / Gyrs. / G mos. / 3 ds  Where was disease contracted, If not at place of death?  Former or usual residence.
(Address) A negro.  16 Filed Mch 10 , 18 4 Megas REDISTRAR	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Med 10, 1914  20 UNDERTAKER  Cornect Cobinson Park Hall

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applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," The

Icsis of lungs, meninges, peritonaeum, etc., ("Pneumonia," pneumonia"); term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to "Croup";) fever (the only definite synonym is Statement of cause of death-Name, first, the DISEASE meningitis"); Typhoid fever (never report "Typhoid Lobar pucumonia; Bronchopueumonia unqualified, is indefinite): Tubercu-Diphtheria "Epidemic cere-(avoid use

> nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cangeuitai," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis such, if impossible to determine definitely. Examples: etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitlon," "Maras-"Collapse," "Coma," "Convulsions." "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. canse of death approved by Committee on Nomenclascpsis, tetanus) injury, as fracture of skuli, and consequences (e.g., by carbolic acid-probably suicide. Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily LENT DEATHS State MEANS OF INJURY and Qualify as which surgical operation was undertaken. childbirth or miscarriage as ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned is icss defiuite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent) "Puerperal peritonitis," etc. State cause for Always qualify all diseases resulting from Meusles "Senile," (Recommendations ou statement of may be stated under the head of (disease causing death), 29 ds.; etc.), "Dropsy," "Exhaustion," "PUERPERAL septichue-The nature of the Never report For vio-



PERMANENT

ahould CCUPATION PHYSICIANS RECORD g 80 10 0 plain Instructiona = DEATH ō Item OF

PLACE OF DEATH state STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 8 If death occurred in ----Ward) a hospital or institution. give Its NAME lostead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, W WIDOWED, (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from that I last saw h...... alive on ...... 191..... (Day (Year) TAGE tt LESS than and that death occurred on the date stated above, at 12,152 m. 1 day ......hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 ..... Rom..... was not called to This woman BOCCUPATION (a) Trade, profession, or Formally was (b) General nature of Industry, 4 years ago. Conflict Herreplegia, Hed business, or eatablishment in which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory Secondary (Duration) \_\_\_\_\_yrs\_\_\_\_mos\_\_\_ 10 NAME OF FATHER 11 BIRTHPLACE ( 1914 (Address) here ha individes lux ARENT (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER Mulluowa 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_ Where was disease contracted. If not at place of death?... Former or mportant. usual residence Every Its PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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tion is very important, so that the relative healthfulthe nature of the business or industry, and therefore an essary to know who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestle service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. Servant, Cook, Housemaid, etc. If the occupation has Civil engineer, Stationary freman, etc. But in many ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only defiuite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatle), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Meastes; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligture of the American Medleai Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Juanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," Bronchopneumonia (secondary), 10 ds. Never report ampie: Measics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Coliapse," "Coma," "Couvulsions," "Debility" ("Con-The contributory Always qualify ail diseases resulting from (Recommendations on statement of may be stated under the head (secondary or intercurrent) State cause for



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	PLACE OF DEATH 3137	STATE OF MARYLAND
-	ounty It Marys	CERTIFICATE OF DEATH
0	ounty	Registration Dist. No. 284
V	iliage or City Cherlette Hack	St; Ward) [If death occurred in a hospital or institution, give its NAME instead
_		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 3	Ex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year)
6 D	ATE OF BIRTH	17 HEREBY CERTIFY. That I attended deceased from
	nov - 7 1877	March 2 7. 191 4. to Morch 26 TT. 191 4.
	(Month) (Day) (Year)	that I last saw h. alive on Murch 26", 1914
TA	GE If LESS than 1 dayhrs.	and that death occurred on the date stated above, at
	yrs: mos. ds. ORmin.?	The CAUSE OF DEATH* was as follows:
B OCCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)		(Duration) 5 yrs. mos. ds.
9 B	IRTHPLACE tate or country) St Manys G. Md.	(Secondary)  (Duration)  (Duration)  (Duration)  (Duration)
	10 NAME OF FATHER TROMAS Mack.	(Signed) Fare forthorn, M. O.
ENTS	11 BIRTHPLACE OFFATHER (State or country) SL Manua Co.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
PARE	12 MAIDEN NAME OF MOTHER MANY E. 5-laly -	TAL, SUICIDAL, or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country) St Many Co Ind.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the Df death
147	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
	Informanty VIII	Former or usual residence
15	(Address) Chyloric Tracl.	St- May Characte Harl. Moral 2 5, 191 C
FI	ed March 8/ 1914 3 A Margar	Sydney Jul Du Brain
	pore blanks are needed, address State Registrar, 6 E	Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons Servant, Cook, Housemaid, etc. If the occupation has who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Housewife, Housework, or At Home, and children, not material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, It should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Tubercumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinologies

childbirth or miscarriage, as "Puerperal septichaethenla," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Con mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallg oma. Sarcoma. etc., of \_ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can Examples: For vio-



PHYSICIANS PERMANENT should properly pe supplied, UNFADING may certificate. 80 0 back terms, uo. PLAINLY, plain instructions = DEATH OF item Every item CAUSE OF Important. 0 ż

pinous

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. & Ilt death occurred in ...Ward) a hospital or Institution, give its NAME instead ot street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. A. WIDOWED, ORDIVORCED (Write the word) (Month) Day (Year) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, a 1 day hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 2b 20m 20m BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) ..... BIRTHPLACE **Contributory** Secondary (State or country) 10 NAME OF FATHER (Signed) 300 11 BIRTHPLACE 5 ...., 191.4. (Address) 52 ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONA, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State \_\_\_\_\_ yrs. \_\_\_\_ mos. Where was disease contracted. If not at place of death? Former or usual residence. OF BURIAL OR REMOVAL DATE OF BURIAL 16 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar-spneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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T. S. No. 1.

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PLACE OF DEATH  3139  County Sh: marys  Village or City Sakley (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  A COLOR OR RACE  MARRIED, WIDOWED, WIDOWED, OR DIVERCED (Write the Word)  6 DATE OF BIRTH	16 DATE OF DEATH March 18th, 1915 (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from  1907, to March, 1915.
(Month) (Day) (Year)  7 AGE    If LESS than   1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at 12:30 m, The CAUSE OF DEATH* was as follows:
particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  Peirthplace (State or country)  Mary band	Contributory (Secondary)
10 NAME OF FATHER Jones  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER James Comm Herses	(Signed) (Si
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  (Address)  (Address)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL CONTRACTOR OF BURIAL ARDRESS
Filed March 18, 191 4 John H Soury  ACGISTRA  21 more blanks are needed, address State Registran	a. C. Stelch. Chaptie ma

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers additional line is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the distant Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-(a) Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu-losis of lungs, meninges, peritonaeum, etc.. Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 6 1914
BUREAU, V.S.